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Department of the Treasury

DLN: 93493225005158

OMB No 1545-0047

Open to Public

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www IRS gov/form990

Internal Revenue Service Inspection For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017 C Name of organization D Employer identification number B Check if applicable American Israel Public Affairs Committee ☐ Address change 53-0217164 ☐ Name change % BENNETT GOLDSTEIN CFO Doing business as ☐ Initial return Final □eturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) | Room/suite ☐ Amended return (202) 639-5200 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20001 **G** Gross receipts \$ 229,098,693 Name and address of principal officer H(a) Is this a group return for HOWARD KOHR ☐Yes ☑No subordinates? 251 H STREET NW H(b) Are all subordinates WASHINGTON, DC 20001 ☐ Yes ☐No ıncluded? Tax-exempt status 501(c)(3) ✓ 4947(a)(1) or If "No," attach a list (see instructions) 501(c) ( 4 ) ◀ (insert no ) Website: ► WWW AIPAC ORG **H(c)** Group exemption number ▶ L Year of formation 1963 M State of legal domicile DC K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary TO STRENGTHEN, PROTECT AND PROMOTE THE U.S. ISRAEL RELATIONSHIP IN WAYS THAT ENHANCE THE SECURITY OF ISRAEL AND THE Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 53 Number of independent voting members of the governing body (Part VI, line 1b) 4 481 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 120,158 Net unrelated business taxable income from Form 990-T, line 34 108,195 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . 94,964,506 96,093,190 Program service revenue (Part VIII, line 2g) . 9,462,433 8,029,632 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 844,979 2,648,398 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 677,511 983,966 105,949,429 107,755,186 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 33,944,220 34,985,262 **16a** Professional fundraising fees (Part IX, column (A), line 11e) 157,803 166,127 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶16,256,949 69,795,519 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 64,175,784 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 103,897,542 99,327,173 19 Revenue less expenses Subtract line 18 from line 12 . 2,051,887 8,428,013 Net Assets or Fund Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 125,934,203 125,102,348 21 Total liabilities (Part X, line 26) . 56,836,506 48,271,237 22 Net assets or fund balances Subtract line 21 from line 20 69,097,697 76,831,111 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-08-10 Signature of officer Sign Here BENNETT GOLDSTEIN CFO Type or print name and title Print/Type preparer's name Marc Berger Preparer's signature Marc Berger Date PTIN Check  $\square$  if 2018-08-10 P01871563 Paid self-employed Firm's name 

BDO USA LLP Firm's EIN ▶ **Preparer** Firm's address ▶ 8401 GREENSBORO DRIVE 800 Phone no (703) 893-0600 Use Only MCLEAN, VA 22102

May the IRS discuss this return with the preparer shown above? (see instructions) .

✓ Yes 🗆 No

Form 990 (2016)

	990 (2016)					Page <b>2</b>
Par	t IIII Statemer	nt of Program Serv	vice Accomplis	hments		
	——— Check ıf Sch	nedule O contains a re	sponse or note to a	any line in this Part III		🗹
1	Briefly describe the	organization's mission	n	·		
TO S	TRENGTHEN, PROTE	CT AND PROMOTE THE	US ISRAEL RELA	ATIONSHIP IN WAYS THAT	ENHANCE THE SECURITY (	OF ISRAEL AND THE U S
2	Did the organization	n undertake any signif	cant program serv	vices during the year which	n were not listed on	
	the prior Form 990	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe t	hese new services on S	Schedule O			
3	Did the organization	n cease conducting, or	make significant	changes in how it conducts	s, any program	
	services?					. 🗌 Yes 🗹 No
	If "Yes," describe t	hese changes on Sche	dule O			
			ico accomplichmen	ate for each of its three lar	gest program services, as n	neasured by expenses
4	Section 501(c)(3)		ations are required	to report the amount of g	rants and allocations to oth	
4 4a	Section 501(c)(3)	and 501(c)(4) organiza	ations are required	to report the amount of g		
	Section 501(c)(3) a expenses, and reve	and 501(c)(4) organiza enue, if any, for each p	ations are required program service re	to report the amount of g ported	rants and allocations to oth	ers, the total
	Section 501(c)(3) expenses, and reve	and 501(c)(4) organiza enue, if any, for each p	ations are required program service re	to report the amount of g ported including grants of \$	rants and allocations to oth	ers, the total
4a	Section 501(c)(3) expenses, and reve (Code See Additional Data	and 501(c)(4) organiza enue, if any, for each p ) (Expenses \$	ations are required program service re 42,869,331	to report the amount of g ported including grants of \$	rants and allocations to oth ) (Revenue \$	ers, the total
4a	Section 501(c)(3) expenses, and reverses, and reverses (Code  See Additional Data  (Code	and 501(c)(4) organiza enue, if any, for each p ) (Expenses \$	ations are required program service re 42,869,331	to report the amount of g ported including grants of \$	rants and allocations to oth ) (Revenue \$	ers, the total
4a 4b	Section 501(c)(3) a expenses, and reverses, and reverses (Code See Additional Data (Code See Additional Data See Additional Data	and 501(c)(4) organiza enue, if any, for each p ) (Expenses \$ ) (Expenses \$	42,869,331 1,558,894	to report the amount of g ported  Including grants of \$  Including grants of \$	) (Revenue \$ ) (Revenue \$	ers, the total
4a 4b	Section 501(c)(3) a expenses, and reverses, and reverses (Code See Additional Data See Additional Data (Code See Additional Data See Additional Data See Additional Data See Additional Data (Code See Additional Data See	and 501(c)(4) organization of the control of the co	42,869,331 1,558,894	to report the amount of g ported  Including grants of \$  Including grants of \$	) (Revenue \$ ) (Revenue \$	ers, the total
4a 4b	Section 501(c)(3) a expenses, and reverses, and reverses, and reverses (Code See Additional Data (Code See Additional Data (Code See Additional Data See Additional Data See Additional Data Data See Additional Data	and 501(c)(4) organization of the control of the co	42,869,331 1,558,894 752,794	to report the amount of g ported  Including grants of \$  Including grants of \$	) (Revenue \$ ) (Revenue \$	ers, the total
4a 4b 4c	Section 501(c)(3) a expenses, and reverses, and reverses, and reverses (Code See Additional Data (Code See Additional Data (Code See Additional Data See Additional Data See Additional Data Data See Additional Data	and 501(c)(4) organization of the property of	42,869,331 1,558,894 752,794	to report the amount of g ported  Including grants of \$  Including grants of \$  Including grants of \$	) (Revenue \$ ) (Revenue \$	ers, the total

or X as applicable

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, lıne 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🥞 .

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . .

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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11a

11b

11c

11d

11e

11f

12a

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14a

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Nο

Nο

Nο

No

Nο

Nο

Nο

No

Nο

Nο

No

Nο

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Par	Part IV Checklist of Required Schedules (continued)							
			Yes	No				
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No				
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b						
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1° If "Yes," complete Schedule I, Parts I and II	21		No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No				

		ZUD		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"	23	Yes	

Νo

Nο

Nο

No

Νo

Νo

Nο

Nο

Nο

Nο

Nο

24a

24b

24c

24d

25a

25b

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28a

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35a

35b

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

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24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

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instructions for applicable filing thresholds, conditions, and exceptions)

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 454			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b	Yes	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►IS  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		163	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
·	In 165, to line 5a of 55, and the organization me form 6000°1°	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes," has it filed a Form 720 to report these payments "If "No," provide an explanation in Schedule O	14b		

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Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to l	ines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 53	;	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	-		
b	Enter the number of voting members included in line 1a, above, who are independent  1b 53			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	•	
10-	Did the average have lead showbare burnelses as affiliated?	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
h	form?	IIa	165	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
L	taxable entity during the year?	16a		No
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	00		L
17	List the States with which a copy of this Form 990 is required to be filed  AL , AK , AZ , AR , CA , CO , CT , DE , DC , IN , IA , KS , KY , LA , ME , MD , MA , MI , NE , NV , NH , NJ , NM , NY , NC , ND , OF SC , SD , TN , TX , UT , VT , VA , WA , WA	i, MN, H, OK,	MS, MO	O, MT,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website. Another's website. Upon request. Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  BENNETT GOLDSTEIN CFO 251 H STREET NW WASHINGTON, DC 20001 (202) 639-5200			

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Part VII and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
  - List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(C) (A) (B) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wanv hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest co Individual trustee or director Former Q#||5€| organizations related MISC) Institutional Trustee below dotted employee organizations line) compensated See Additional Data Table

Name and Title

Part VII

HARGROVE INC,

1 HARGROVE DRIVE LANHAM, MD 20706 LEVY RESTAURANT,

980 N MICHIGAN AVENUE CHICAGO, IL 60611 city security consultants inc,

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

amount of other

Page 8

		week (list any hours			an of	fficer	r and a	3	from organizat	tion (W-	from related organizations (	w-	compens from t	the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC		organizati relati organiza	ed
See i	Addıtıonal Data Table			†	T	†		T				$\top$		
		<u> </u>	<del>                                     </del>	+	+	+	+	+				+		
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		<u> </u>	<del>                                     </del>	igspace	$\perp$	$\bot$	<del> </del>	<u> </u> -	<u> </u>			+		
		'	<u></u>	Ш	$\perp$	丄		'				$\bot$		
сT	Sub-Total	art VII, Section	on A.				<b>*</b>		5,37	76,616		0		959,160
2	Total number of individuals (including of reportable compensation from the compensation	g but not limited	d to thos					rec	•		.00,000			
					_								Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>						loyee, d		ghest com	pensated	l employee on			_
4	For any individual listed on line 1a, is					_		_	r compans:	tion from	• •	3		No
•	organization and related organizations											4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization											5		No
Se	ection B. Independent Contract	ors												
1	Complete this table for your five higher from the organization Report comper											npens	sation	
	<u> </u>	(A) and business addre				*****	*****				(B) cription of services		(C Compen	
164 R	CREATIVE LLC, ROLLINS AVE FL 2 CVILLE, MD 20852	IIIu Dusiness addre	255						E	VENT PROI				,134,370
OREN	WOST CATERERS INC, NOERSON AVENUE NACHIE, NJ 07074								C.	CATERING			6,	,345,711
	POVE INC									VENT DIAN	UNITNIC		3	300 384

(C)

Position (do not check more

than one box, unless person

Average

hours per

Reportable

compensation

Reportable

compensation

EVENT PLANNING

security services

CATERING

3,300,384

1,583,258

1,007,565

Treat   Schedule   Contains a response or nate to any line in the Part VIII   Contains	Part		II Statement of	Revenue								rage <b>3</b>
Total revenue   Canada   Can					a respo	onse or note to any	line in th	nıs Part VIII				🗆
Telegrated expressions   14							(/	A)	(E Relat exe fund	ed or mpt ction	(C) Unrelated business	Revenue excluded from tax under sections
But   Description   Descript		1.	a Federated campaig	ns	1a				reve	enue		512-514
Note   Part	nts nts											
Note   Part	irat 10 u		·									
Note   Part	s, G Am		_			12 542 552						
Note   Part	iji je		_			12,543,553						
Note   Part	S.E				1e							
Total Acid mex 1-11	ion		and similar amounts n		1f	83,549,637						
Note   Part	but the			one included								
Second   S	돌				175,	,000						
2a ANN.VAL CONFERENCE	G G	ŀ	h Total.Add lines 1a-1	.f		•	96	,093,190				
### All other program service revenue ### (\$\frac{1}{4}\) All other program service ### (\$\frac{1}{4}\) All other program service revenue ### (\$\frac{1}{4}\) All other program service ### (\$	<u> 1</u>	Γ				Business	Code					
## All other program service revenue   \$0,029,632      FAIl other program service revenue   \$0,029,632	ษน	2a	ANNUAL CONFERENCE				900099	4,9	39,535	4,939,	535	
### All other program service revenue ### (\$\frac{1}{4}\) All other program service ### (\$\frac{1}{4}\) All other program service revenue ### (\$\frac{1}{4}\) All other program service ### (\$	æ	b	EDUCATIONAL SERIES				900099	3,0	90,097	3,090,	097	
### All other program service revenue ### (\$\frac{1}{4}\) All other program service ### (\$\frac{1}{4}\) All other program service revenue ### (\$\frac{1}{4}\) All other program service ### (\$	ace Ace	ا (	:		_							
### All other program service revenue ### (\$\frac{1}{4}\) All other program service ### (\$\frac{1}{4}\) All other program service revenue ### (\$\frac{1}{4}\) All other program service ### (\$	SE.	d	ı		_							
3   Investment income (including dividends, interest, and other similar amounts)   1,301,376   1,301	E	e			_							
3   Investment income (including dividends, interest, and other similar amounts)   1,301,376   1,301	ogra	f	· All other program se	rvice revenue	<b>:</b>	8.0	120 632					
1,301,978	Δ	g	T <b>otal.</b> Add lines 2a-2f		•	<b>&gt;</b>	129,032					
### A lincome from ministrement of rax-exempt bond proceeds   1						nterest, and other		1.301.976	5			1.301.976
S Royaltes   (i) Real   (ii) Personal		l	•			and proceeds						
Description					-	·	<u> </u>	(	)			
D   Less rental expenses   D   D   D   D   D   D   D   D   D						(II) Personal	<u> </u>					
Continue		6a	Gross rents				1					
Continue		١,	h less rentalexpenses				-					
Closs		'	<b>y</b> 2000 Formar exponent									
Ta Gross amount   (i) Securities   (ii) Other		٠			0	C	)					
122,709,929   122,709,929		١,		r (loss)			1	C				
7a Gross amount for sales of assets other than inventory			- Het remai meeme e				1					
121,343,507		7 <i>a</i>	from sales of assets other	, ,								
C Gain or (loss)   1,366,422   1,346,42		ŀ	other basis and	121,3	343,507							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		١ ،	C Gain or (loss)	1,3	366,422							
(not including \$ of contributions reported on line 1c)   See Part IV, line 18		4	<b>d</b> Net gain or (loss) .			<b>•</b>		1,346,422	2			1,346,422
Delay   Dela	enne	82	(not including \$ contributions reporte	ed on line 1c)	of	0						
Business   Code   Cod	Re	ŀ	<b>b</b> Less direct expense	s	ь	0	1					
Business   Code   Cod	ē	٠	c Net income or (loss)	from fundrais	sing ev	ents		C				
b Less direct expenses   b   0   0   0   0   0   0   0   0   0	Ş	9a			ıes							
c Net income or (loss) from gaming activities .			200 : 4::01:,		а	0						
10aGross sales of inventory, less returns and allowances		ŀ	<b>b</b> Less direct expense:	s	b	0	1					
returns and allowances		١ ،	c Net income or (loss)	from gaming	activit	ies ▶		(				
C Net income or (loss) from sales of inventory . ▶ 0  Miscellaneous Revenue Business Code  11aBUILDING SIGNAGE 531390 120,158 120,158  b MISCELLANEOUS INCOME 900099 863,808 863,808  c d All other revenue		10	aGross sales of invent returns and allowand	cory, less	a	0						
Miscellaneous Revenue   Business Code		ŀ	<b>b</b> Less cost of goods s	sold	b	0	1					
11aBUILDING SIGNAGE       531390       120,158       120,158         b MISCELLANEOUS INCOME       900099       863,808       863,808         c       d All other revenue		_ (	Net income or (loss)	from sales of	invent	ory <b>&gt;</b>		C	D			
b MISCELLANEOUS INCOME 900099 863,808 863,808  c d All other revenue												
d All other revenue		11	<sup>1a</sup> BUILDING SIGNAGE			531390		120,158	3		120,158	
d All other revenue		ŀ	MISCELLANEOUS IN	COME		900099		863,808	3			863,808
e Total. Add lines 11a-11d		، ا	с									
e Total. Add lines 11a-11d			J AH - 4'									
983,966 983,966 107,755,186 8,029,632 120,158 3,512,206												
107,755,186 8,029,632 120,158 3,512,206								983,966	5			
Taime Ann Canal			- TOLAT F <b>evenue.</b> See	INSTRUCTIONS	• •	•		107,755,186	5	8,029,632	120,158	

IV, line 22

and 16

key employees

section 4958(c)(3)(B)

7 Other salaries and wages

9 Other employee benefits . 10 Payroll taxes . . .

a Management . .

**d** Lobbying . . . .

**12** Advertising and promotion

14 Information technology

13 Office expenses

15 Royalties .

**17** Travel .

**20** Interest

d

23 Insurance .

16 Occupancy .

**b** Legal

c Accounting

11 Fees for services (non-employees)

f Investment management fees .

135,297

6,117,210

724,265

1,319,539

725,615

166,127

203,198

382,268

84,184

1,212,201

404.915

4,180,129

601,941

16,256,949

Form **990** (2016)

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### Statement of Eurotional Evacues

1 Grants and other assistance to domestic organizations and

2 Grants and other assistance to domestic individuals. See Part

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15

Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . .

> . .

g Other (If line 11g amount exceeds 10% of line 25, column

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O )

**b** CREDIT CARD FEES

c BAD DEBT EXPENSE

e All other expenses

a DIRECT MAIL AND MAILINGS

domestic governments See Part IV, line 21

4 Benefits paid to or for members

Partix	Statement of Functional Expenses	
Costion FO1	$\langle a \rangle \langle a \rangle$ and E01 $\langle a \rangle \langle a \rangle$ argumentions must complete all column	

Part IX	Statement of F	unctional Expense:	5			
Section 501(	c)(3) and 501(c)(4)	organizations must cor	nplete all columns	All other organization	ns must complete column (A)	

		 		 	 	 	(, ,			
Check if Schedule O contains a response or note to an	y line in this Part IX									
Do not include amounts reported on lines 6b,	(A)		(B)			(C)			(D)	

Check if Schedule O contains a response or note to an	y line in this Part IX												
Do not include amounts reported on lines 6b,	(A)	Prog	(B	Serv	/ICE	Ma	nage	(C)	ıt and	Ч		(D)	

Check if Schedule O contains a response or note to any	/ line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraisingexpenses

expenses

1,017,692

7,122,349

1,251,621

2,020,940

1,125,450

71,536

17,936

1,249,432

193,858

1,401,249

530,647

433.518

33,930,701

84,288

291,476

47,475

227,180

160,914

51,178,262

0

0

0

0

0

3,779,643

19,439,614

3,757,757

5,093,184

2,915,064

476,238

135,609

166,127

111,379

2,259,753

612,175

1,877,625

3,445,149

1.180.781

42,908,872

1,332,856

3,372,763

438,731

1,379,264

1,208,589

3,436,000

99,327,173

0

0

0

0

0

0

general expenses

2,626,654

6,200,055

1,781,871

1,752,705

1,063,999

404,702

117,673

111,379

807,123

36,049

392,192

1,702,301

4,798,042

1,248,508

3,081,287

391,256

550,143

1,047,675

3,436,000

31,891,962

342 348

Page **11** 

41,812,306

47.264.825

1.143.838

1.096.292

125.102.348

12,478,954

4,470,166

20 245 243

11.076.874

48,271,237

60,600,820

16,030,291

76,831,111

125.102.348

Form **990** (2016)

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Form 990 (2016)

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Liabilities 22

Fund Balances

Assets or 30

Net

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Investments—publicly traded securities .

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Investments—other securities See Part IV, line 11 .

**Total assets.**Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments-program-related See Part IV, line 11

	(A) Beginning of year		<b>(B)</b> End of year
1 Cash-non-interest-bearing	0	1	0
2 Savings and temporary cash investments	13,794,614	2	14,075,399
3 Pledges and grants receivable, net	13,832,862	3	15,894,101
A Association and the state of		-	_

3	Pledges and grants receivable, net	13,832,862	3	1
4	Accounts receivable, net	0	4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	57,712	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)		_	

25,324 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net . . . 7

Assets 0 Inventories for sale or use . 0 8 0 3.706.298 Prepaid expenses and deferred charges . 9 3.790.263 10a Land, buildings, and equipment cost or other 63,551,993 basis Complete Part VI of Schedule D 10a

10b

21,739,687

43,886,861

43.348.699

280.794

7.026.363

125,934,203

11,652,570

4,106,406

29.395.833

11.681.697

56,836,506

54.930.518

13,967,179

69,097,697

125.934.203

200.000

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0 18

0 20

0 21

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Consolidated basis

Separate basis

Audit Act and OMB Circular A-133?

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

☑ Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

2c

3a

3b

Yes

No

Form 990 (2016)

### Additional Data

Software ID: Software Version:

**EIN:** 53-0217164

Name: American Israel Public Affairs Committee

Form 990 (2016)

Information and Member Education - Annual three day Policy Conference held to nurture and advance the relationship between the U.S. and Israel

Form 990, Part III, Line 4a:

Form 990, Part III, Line 4b: Information and Member Education - College and high school students participate in four days of political programming and advocacy training during the twice- yearly Saban

Leadership Seminar

#### Form 990, Part III, Line 4c: Fundraising - Northeast Club members participate in an annual evening of programming at the Lincoln Center, focused on inspiring AIPAC's investors

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 5,997,243 including grants of \$ ) (Revenue \$ 3,090,097 )

MEMBERSHIP EVEN	ITS AND ACTIVITIES TO SUPPORT			
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)

THE LOBBYING and EDUCATIONAL MISSION OF AIPAC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099organization and Office Highest compens Former Individual trustee or director Key employee Institutional MISC) organizations MISC) related below dotted organizations line) Trust

			न			ಯಕರ			
Howard Kohr	40 0			v			765,894	0	286,994
CEO	0 0	^		Ĺ.			703,894	0	200,334
Richard Fishman	40 0	X		×			708,482	0	156,088
Vice CEO and Acting CFO	5 0						700,102	Ŭ	130,000
Lillian Pinkus	8 0				Ī			0	0
President, Board of Directors	0 0	Χ					0	0	0

Lillian Pinkus	8 0					_	_	
President, Board of Directors	0 0	X				0	0	
Mort Fridman	8 0	×				0	0	
President-elect, Board Member	0 0	^						
Robert A Cohen	4 0	V				0	0	
Chairman of the BOD		_ ^				١	· ·	

President, Board of Directors	0 0							
Mort Fridman	8 0							
		X				0	0	
President-elect, Board Member	0.0							
Robert A Cohen	4 0							
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Chairman of the BOD	4 0							
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Dennis Albers

Board Member

Board Member

Robert Asher

Board Member

Board Member

Paul L Baker

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Mort Fridman	8.0	V			,	٥	
President-elect, Board Member	0 0	^				0	
Robert A Cohen	4 0	×			0	0	
Chairman of the BOD	4 0	<			0	0	
Betsy Korn	4 0	_			0	0	
Secretary/Treasurer, BOD	4.0	^			١	Ĭ	

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099organization and Highest compensati Former Individual trustee or director Key employee Institutional MISC) organizations MISC) related below dotted organizations line) Truste

			,T		Led Led			
Richard Bassuk	4 0	×				0	0	
Board Member	4 0	^				3	9	
Donna Bender	8 0	×				0	0	
Board Member	0 0	^				9		
Norm Brownstein	8 0	.,						

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Board Member	0 0	, ,					•	
Norm Brownstein	8 0	<b>\</b>					0	
Board Member	0 0	^				0	0	
Sarit Catz	8 0	Х				0	0	

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Board Member

Board Member

Steve Demby

Board Member

Jon P Diamond

Board Member

Ann Davis

Horn Brownstein		Ιx				0	0	ĺ
Board Member	0 0						_	
Sarit Catz	8 0	v				0	0	
Board Member	0 0	^				0	O	
David Cordish	8 0	,				0	0	
Board Member	0.0	^				0	0	

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David Cordish	8 0	l			0	0	0
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Ted Cutler	8 0						

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David Cordish	8 0	×				0	0	
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Phil Darivoff	4 0						

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours organizations and a director/trustee) organization from the for related Highest compens (W-2/1099-(W-2/1099organization and Former Individual trustee or director key employee Institutional MISC) organizations MISC) related below dotted organizations line) ⇉

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Bob Diener	4 0	×				0	0	
Board Member	4 0							
Melvın A Dow	4 0						0	
Board Member	4 0	^				٥	0	
Ike Fisher	8 0	×				0	0	

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099organization and Highest compensat Former Individual trustee or director Key employee Institutional MISC) organizations MISC) related below dotted organizations line) Trust

				<u> </u>		
Russell Holdstein	4 0	v			0	0
Board Member	4 0	^			9	0
Ada Horwich	8 0	×			0	0
Board Member	0 0	^			3	3
Bernie Kaminetsky	8 0					

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Board Member	0 0	_ ^			
Bernie Kaminetsky	8 0	×			
Board Member	0 0	_ ^			
Lionel Kaplan	4 0	×			
Board Member	4.0	^			

Hilary Smith Kapner

Board Member

Bob Kargman

Board Member

Michael Kassen

Board Member

Board Member

Michael Levin

Board Member

Board Member

Alan Levow

Steven Klinghoffer

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099organization and Highest comp Individual trus or director Office Former Key employe organizations Institutional MISC) MISC) related below dotted organizations line)

		্ কুলুক	Trustee	Đ.	pensated			
Edward C Levy Jr	4 0	l				0	0	
Board Member	4 0	^						
Yana Lukeman	8 0							

Edward C Levy Ji		×			l o	٥ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	
Board Member	4 0	^			Ů		
Yana Lukeman	8 0	_			0	0	
Board Member	0 0	^			0	0	
Barry Mannis	4 0				0	0	

d Member	4 0						
Lukeman	8 0	×			0	0	
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Barry Mannis	4 0	v			0	0	0
Board Member	4 0	*			0	0	0
Bernice Manocherian	8 0	×			0	0	0
Board Member	0 0	^				o de la companya de	0
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Board Member	4 0						
Bernice Manocherian	8 0	×			0	0	0
Board Member	0 0	,					
Rick Matros	8 0	×			0	0	0
Board Member	0 0						

Board Member		^						0	0	0	J
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Rick Matros	8 0									I	
		l x						l o	l ol	. 0	)
Board Member	0 0							_		<u> </u>	
Carlyn Mayer	8 0										
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Board Member

Board Member

Erika Neuberg

Board Member

Board Member

Board Member

Kevin Pailet

Yehuda Neuberger

Larry Mizel

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and individua or directo Highest compensatemplovee Former Institutional MISC) related organizations MISC) below dotted organizations employee line)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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		altrustee ⊙r	มีเป็น Muster
Sanford Perl	8 0		
Board Member	0 0	X	
Bob Pincus	8 0		

Board Member

Amnon Rodan Board Member

Lee Rosenbera

Board Member

Board Member

Deborah Rudv

Board Member

David Samrick

Board Member

Arthur Sandler

Board Member

Board Member

Board Member

Seth Yossi Siegel

Barry Silverman MD

Mark Rubin

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional MISC) related organizations MISC) below dotted organizations employee line) 4 0 Jeffrey Snyder ...... Χ

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Board Member

Board Member

Board Member

David Steiner

Board Member

Board Member

Board Member

Roselyne C Swig

Board Member

Michael Tuchin

Board Member

Board Member

David Victor

Sid Swartz

Donna Sternberg

James HM Sprayregen

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Roger Sofer

Eta Somekh Board Member

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation amount of other compensation person is both an officer week (list from the from related compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099-Highest compered organization and Individual trust or director Office Former Key employee Institutional organizations MISC) MISC) related below dotted organizations line)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

		Ti Ti	USTHE		ensated			
Larry Weinberg	8 0	×				0	0	
Board Member	0 0	l						
Tim Wuliger	8 0	l ↓				0	0	
Board Member	0 0	^						
lan Zakowski	8 0							

Tim Wuliger		X			0	0	
Board Member	0 0					3	
Jan Zakowski	8 0						
Board Member	0 0	X			0	0	
Chrystal Kern	40 0						
Managing Director and CFO	5.0		×		481,864	0	

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Elliot Brandt

Brian Shankman

Michael Sachs

Robert Bassin

Brad Gordon

Managing Director - Dev

Dir-Regional Affairs & Dev

Regional Director - Northeast

Director - Political Affairs

Dir-Policy & Gov'T Affairs

Jan Zakowski		<sub>v</sub>			1 0		h
Board Member	0 0	_ ^					ĺ
Chrystal Kern	40 0		x		481,864	0	38,543
Managing Director and CFO	5 0				101,001		30,313
Arne Christenson	40 0						

Board Member	0 0							i
Chrystal Kern	40 0		Y			481,864	0	38,543
Managing Director and CFO	5 0					401,004	o de la companya de	30,543
Arne Christenson	40 0			<		578,402	0	58,474
Managing Dir-Policy & Politics	0.0			^		370,402	Ĭ	30,474

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543,779

493,760

509,599

452,852

421,967

56,543

76,474

76,474

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66,548

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (E) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W- 2/1099-(W- 2/1099organization and Institu organizations MISC) MISC) related below dotted organizations

66,548

	iine)	lual trustee ctor	itional Trustee		nployee	t compensated vee	Ť			
Marvin Feuer	40 0					_		420.017		
		i	ı	1	i		i	420,017	01	

0 0

Dir-Policy & Gov'T Affairs

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

DLN: 93493225005158

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

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SCHEDULE C (Form 990 or 990-

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** American Israel Public Affairs Committee 53-0217164 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization fileForm 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-3

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

Volunteers?

1

b

(b)

Amount

(a)

Yes

No

#### Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

As Filed Data -

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,

DLN: 93493225005158 OMB No 1545-0047

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** American Israel Public Affairs Committee 53-0217164 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2016

Par	t IIII	Organizations Ma	aintaining Coll	ections o	f Art, Hi	storic	cal Tı	reas	ures, o	r Other	Similar A	ssets (cor	tinued)	
3		g the organization's acq s (check all that apply)	uisition, accession	, and other	records, o	check a	ny of	the f	ollowing	that are a	sıgnıfıcant	use of its co	llection	
а		Public exhibition				d		Loar	or exch	ange pro	grams			
b		Scholarly research				е		Othe	er					
С		Preservation for future	e generations											
4	Provi Part	de a description of the XIII	organızatıon's coll	ections and	explain ho	ow the	y furth	ner th	ie organi:	zation's e	xempt purpo	ose in		
5		ng the year, did the orga ts to be sold to raise fur									nılar	☐ Yes		lo
Pa	rt IV	Escrow and Cust	odial Arrangei	ments.										
		Complete if the ord X, line 21.										unt on For	m 990,	Part
1a		e organization an agent ded on Form 990, Part I		an or other 11	ntermedia	ary for	contril	butio	ns or oth	er assets	not	☐ Yes		lo
ь	If "∀₄	es," explain the arrange	ement in Part YIII	and complet	te the follo	owing :	table					Amount		_
c		nning balance	inche in ruit XIII	and complet	te the follo	Owning	cabic			1c	<u> </u>			_
d	_	ions during the year								1d				_
e		ibutions during the year	r							1e				_
f		ng balance	•							1f				_
<b>2</b> a		he organization include	an amount on Fo	rm 990, Part	t X, line 2	1, for e	escrow	or c	ustodial a		ability?	☐ Yes		— Io
b	If "Ye	es," explain the arrange	ement in Part XIII	Check here	If the exp	olanatio	on has	beer	n provide	d ın Part	XIII			
Pa	rt V	Endowment Fund												
			·	(a)Current	t year	<b>(b)</b> Pr	ior yea	r	<b>(c)</b> Two y	ears back	(d)Three ye	ars back (e	<b>)</b> Four yea	rs back
<b>1</b> a	Beginn	ning of year balance .		4,.	214,146		3,531	L,243		3,019,836	2	,721,326	1,	963,557
b	Contril	butions			647,500		588	3,398		536,565	i	206,323		615,071
С	Net in	vestment earnings, gair	ns, and losses		550,191		205	5,479		58,764		163,841		142,699
d	Grants	or scholarships	•											
е		expenditures for facilitie	es		153,934		110	),974		83,922	!	71,654		0
f	Admın	istrative expenses .												
g	End of	year balance		5,.	257,903		4,214	1,146		3,531,243	3	,019,836	2,	721,327
2	Provi	de the estimated perce	ntage of the curre	nt year end	balance (	lıne 1g	ı, coluı	mn (a	a)) held a	ıs				
а	Board	d designated or quasi-e	ndowment 🟲	94 100 %										
b	Perm	anent endowment 🟲	3 800 %											
С	Temp	porarily restricted endov	wment ► 2 10	00 %										
	The p	percentages on lines 2a	, 2b, and 2c shoul	d equal 100	%									
3а		here endowment funds	not in the possess	sion of the o	rganızatıc	on that	are h	eld ar	nd admin	istered fo	r the			
	-	nization by										25/	Yes	No No
		nrelated organizations				٠.	•					3a(i		No
ь		related organizations . es" on 3a(ii), are the rel		s listed as re	equired or	Sched	· · ·	, .	• •			. 3b	<del>'</del>	140
4		ribe in Part XIII the inte	-		•					•				<u> </u>
Pa	rt VI													
		Complete if the or			on Form	990,	Part 1	IV, lı	ne 11a.	See For	m 990, Pa	rt X, line 1	.0.	
	Descr	iption of property	(a) Cost or oth (investme		(b)Cost or	r other b	pasis (d	other)	(c)Acc	umulated o	depreciation	(d)	Book valu	е
1a	Land						8,64	47,068	3				:	8,647,068
	Buildir							13,246	-		9,084,573			8,128,673
		nold improvements					-	19,368	+		772,598			1,276,770
		ment						73,038	+		496,624			376,414

14,769,273

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

3,383,381

41,812,306

11,385,892

Part VII	<b>Investments—Other Securities.</b> Complete See Form 990, Part X, line 12.	ıf the organıza	tion answered	l 'Yes' on Form 99	o, Part IV, line IID.
	(a) Description of security or category (including name of security)		(b)Book value		od of valuation of-year market value
	derivatives		Value	2032 37 3114 3	y year manifect talac
(2)Closely-l (3)Other	neld equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					_
(F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col (B) line 12 )	•			
Part VIII	Investments—Program Related. Complet			ed 'Yes' on Form 9	990, Part IV, line 11c.
	See Form 990, Part X, line 13.  (a) Description of investment	<b>(b)</b> B	ook value		od of valuation
(1)				Cost or end-c	of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col (B) line 13 )				
Part IX		vered 'Yes' on For	 m 990, Part IV,	line 11d See Form	
(1)	(a) Descr	iption			(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X, col (B) line 15	) _			. •
Part X	Other Liabilities. Complete if the organizati		es' on Form 9	90, Part IV, line 1	
1.	See Form 990, Part X, line 25.  (a) Description of liability		(b) Book v	alue	
(1) Federal ı	income taxes			0	
DEEEDDED	DENIT			022 611	
				932,611	
DEFERRED F			1	932,611	
PAYABLE TO			1		
PAYABLE TO CAPITAL LEA	) AFFILIATE		1	0,000,000	
PAYABLE TO CAPITAL LEA (4)	) AFFILIATE		1	0,000,000	
PAYABLE TO CAPITAL LEA (4) (5)	) AFFILIATE		1	0,000,000	
PAYABLE TO CAPITAL LEA (4) (5) (6) (7)	) AFFILIATE		1	0,000,000	
PAYABLE TO CAPITAL LEA (4) (5) (6) (7) (8)	) AFFILIATE		1	0,000,000	
PAYABLE TO	) AFFILIATE		1	0,000,000	

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII 🗹

Part XI

2

а

b

c

d

е

3

4

5

1

2

а b

d

е 3

а

b

c

Part XIII

5

4

b

Part XII

Schedule D (Form 990) 2016

Page 4

-657,612

94,310

107,755,186

99,269,850

54,056

111,379

99,327,173

Schedule D (Form 990) 2015

99.215.794

107,660,876

Other (Describe in Part XIII ) . . . . . .

Add lines 4a and 4b . . .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Donated services and use of facilities . Recoveries of prior year grants . . . Add lines 2a through 2d . . . Subtract line 2e from line 1 . Amounts included on Form 990, Part VIII, line 12, but not on line 1

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII ) . . . . .

Supplemental Information

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . . 2a

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

> 2b 2c 2d

> > 4a

4b

2a

2b

2c

2d

4a 4b

Explanation

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

474,234

-1,168,833

36,987

36,987

17,069

111,379

2e 3 111,379 -17.069

4c

2e

3

4c

5

Page <b>5</b>	Schedule D (Form 990) 2015
inued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

### **Additional Data**

Software ID: Software Version:

**EIN:** 53-0217164

Name: American Israel Public Affairs Committee

**Supplemental Information** 

Return Reference

Explanation

PART V, LINE 4 MANAGE

THE COMMITTEE INVESTS ALL ENDOWMENT FUNDS IN A POOLED FUND MANAGED BY AN INVESTMENT R ACCORDING TO THE OBJECTIVES AND GUIDELINES OF THE COMMITTEE'S INVESTMENT POLICY ENDOWME NT EARNINGS HAVE BEEN USED TO OFFSET PROGRAM COSTS

<b>Supplemental Information</b>	
Return Reference	Explanation
PART X, LINE 2	AIPAC is generally exempt from federal income taxes under the provisions of Section 501(c) (4) of the Internal Revenue Code (IRC) The Foundation is generally exempt from federal in come taxes under the provisions of Section 501(c)(3) of the IRC. In addition, the Foundation has been classified as an organization that is not a private foundation. Income, which is not related to exempt purposes, less applicable deductions, is subject to federal and state corporate income taxes. The Company is a LLC whose sole member is AIPAC. Consequently, the Company is a disregarded entity for federal and state income tax purposes. There was no net tax liability for unrelated business income for the years ended September 30, 2017, and 2016, respectively. Under ASC Topic 740-10, Accounting for Uncertainty in Income Taxes, the Committee may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing au thorities, based on the technical merits of the position. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the larges to benefit that has a greater than 50% likelihood of being realized upon ultimate settlemen to Management evaluated the Committee's tax positions and concluded that the Committee had taken no uncertain tax positions that require adjustment to the consolidated financial statements to comply with the provisions of ASC Topic 740-10. Generally, the Committee is no longer subject to income tax examinations by the U.S. federal, state or local tax authorical statements.

ties for years before September 30, 2014

pplemental Information	
Return Reference	Explanation
ART XI, LINE 2D	INTEREST RATE SWAP 474,234

Sur

PA

oplemental Information	
Return Reference	Explanation
RT XI, LINE 4D	LOSS ON DISPOSAL OF ASSETS -17,069

Sup

oplemental Information	
Return Reference	Explanation
RT XII, LINE 2D	LOSS ON DISPOSAL OF ASSETS 17,069

Sup

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493225005158 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2016 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Open to Public ► Attach to Form 990. ► See separate instructions. Department of the Treasury Inspection ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization American Israel Public Affairs Committee 53-0217164 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed ) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e q, program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region to recipients located in the region region) (1) See Add'l Data (2) (3) (4) (5) 14 1,647,603 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 14 1,647,603

(4) (5) (6)

(7) (8) (9)

(10) (11) (12) (13) (14) (15) (16)

(17) (18) Page **3** 

Schedule F (Form 990) 2016

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (h) Method of (a) Type of grant or assistance (b) Region (a) Description

(a) Type of grant of assistance	(D) Region	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)							
( 2)	•						

			assistance	assistance	(book, FMV, appraisal, other)
(1)					
( 2)					

(1)				
(2)				
(3)				

Sche	dule F (Form 990) 2016		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>☑</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		
	Instructions for Forms 5520 and 5520-A)	☐ Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Colporations (See Instructions for Form 54/1)	<b>✓</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(See Instructions for Form 6003)	Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form	П.,	<b>.</b>
	5713)	∐ Yes	<b>✓</b> No

#### Additional Data

#### Software ID: Software Version:

**EIN:** 53-0217164

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;

Name: American Israel Public Affairs Committee

Page 5

32.562

4.937

Schedule F (Form 990) 2016 Part V **Supplemental Information** 

Central America and the

Carıbbean

North America

amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide

any additional information (see instructions).

#### Form 990 Schedule F Part I - Activities Outside The United States (a) Number of (b) Netrotice conducted (c) If activity listed in (d) (f) Total expenditures /- \ D - ----

(a) Region	offices in the region	employees or agents in region	(a) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) lotal expenditures for region
Middle East and North Africa	1	14	Program Services	INFO & EDUCATION	1,610,104

Investments

Investments

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493225005158

Inspection

Open to Public

OMB No 1545-0047

2016

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury Internal Revenue Service

Total

(Form 990 or 990-EZ)

**SCHEDULE G** 

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

	me of the organization nerican Israel Public Affairs Co	mmittee					<b>Employer ide</b> 53-0217164	ntification number
P		tivities.Complete	_	-	on answered "Yes" on F	orm 990,		17.
1	Indicate whether the organ	'			·	k all that a	nnly	
a		mzation raised funds	tinough	arry or the	e Solicitation of noi			
	_	autati au a				-	-	
b	_	citations			f Solicitation of gov	_	grants	
C	Phone solicitations				g   Special fundraisir	ng events		
d	I ✓ In-person solicitations							
<b>2</b> a	a Did the organization have a or key employees listed in						• —	es 🗆 No
Ь	If "Yes," list the ten highes to be compensated at least			fundraisei	rs) pursuant to agreement	s under wh	nich the fundrais	er is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	(iii) Did fundraiser have custody or control of contributions?		(or ref fundra	ount paid to tained by) ser listed in ol (i)	(vi) Amount paid to (or retained by) organization
_	10 D4T4	D-10-5-144-1	Yes	No				
1	AB DATA 1808 SWANN STREET NW WASHINGTON, DC 20009	DIRECT MAIL		No	1,384,942		108,020	1,276,922
2	SIEGEL MARKETING GROUP 1845 N FARWELL AVENUE 300 MILWAUKEE, WI 53202	TELEMARKET		No	174,514		58,107	116,407
3								
4								
4								
5								
6								
7								
8								
9								
10								

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

1,559,456

1,393,329

166,127

<sup>3</sup> List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

	edule G (Form 990 or 990-EZ) 2016				Page <b>2</b>
Pa	rt II Fundraising Events. Complethan \$15,000 of fundraising egross receipts greater than \$	event contributions and			
	gross receipts greater than \$	(a)Event #1	( <b>b</b> ) Event #2	(c)Other events	(d) Total events (add col (a) through
Revenue		(event type)	(event type)	(total number)	col (c))
	1 Gross receipts				
	2 Less Contributions				
	4 Cash prizes				
S	5 Noncash prizes				
JSe	6 Rent/facility costs				
Expenses	7 Food and beverages				
១	8 Entertainment				
Direct	9 Other direct expenses				
_	10 Direct expense summary Add lines 4	through 9 in column (d)		•	
	11 Net income summary Subtract line 10	) from line 3, column (d)		•	
Pai	<b>Gaming.</b> Complete if the org on Form 990-EZ, line 6a.		es" on Form 990, Part 1	IV, line 19, or reported	i more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
ង័	3 Noncash prizes				
ect	4 Rent/facility costs				
<u>ā</u>	5 Other direct expenses				
		☐ Yes%	☐ Yes %	☐ Yes %	
	<b>6</b> Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary Add lines 2	through 5 in column (d)			
	8 Net gaming income summary Subtrac	t line 7 from line 1, colun	nn (d)	•	
9 a b	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain	aming activities in each o	f these states?		☐ Yes ☐ No
10a b	If "Yes," explain	censes revoked, suspende	ed or terminated during the	e tax year?	☐ Yes ☐ No

Sche	dule G (Form 990 or 990-EZ) 2016					F	age
11	Does the organization conduct gaming	j activities with nonmember	s?		☐Yes	□No	
12	Is the organization a grantor, benefici- formed to administer charitable gamin		a member of a partnership or other entity		□Yes	□No	
13	Indicate the percentage of gaming act	ivity conducted in					
а	The organization's facility			13a			
b	An outside facility			13b			(
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	ecords			
	Name •						
	Address >						
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b			ganization ▶ \$ and th	ne			
	amount of gaming revenue retained b	y the third party $ hildsymbol{\blacktriangleright}$ \$					
С	If "Yes," enter name and address of the	ne third party					
	Name •						
	Address ►						
16	Gaming manager information						
	Name ►						
	Gaming manager compensation $ hilder$ $\$$						
	Description of services provided						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а	,	te law to make charitable di	stributions from the gaming proceeds to		_		
_	retain the state gaming license?				☐ Yes	□ No	
b	·		uted to other exempt organizations or spent				
D.	in the organization's own exempt activ			- (···) -	and (). a	ad Dawt	
Pal		l5c, 16, and 17b, as app	tions required by Part I, line 2b, column licable. Also complete this part to provid				
	Return Reference		Explanation				
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201

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### Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493225005158

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

**Employer identification number** Name of the organization American Israel Public Affairs Committee 53-0217164 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5а Νo 5h Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

Any related organization?

section 53 4958-6(c)?

ın Part III

If "Yes," on line 6a or 6b, describe in Part III

6b

7

8

Νo

Νo

Νo

Page 2									
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.									
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual									
(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(C) Retirement and (D) Nontaxable (E) Total of columns (I				
	Base (1) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990		

Cahadula 1 (Farm 000) 201 F

See Additional Data Table

Part III Supplemental Information							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation						
Part I, Line 1a	The organization reimburses the CEO for his at home security system. The total cost for the year was \$690						
	Howard Kohr \$238,446 Richard Fishman \$97,614 Elliot Brandt, Michael Sachs, Rob Bassin, Marvin Feuer, Brad Gordon and Brian Shankman each received \$18,000 The committee has established a 457(f) supplemental executive retirement plan (supplemental executive retirement plan) for the						

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

benefit of certain executives. The committee recognized \$336,060 of the expense to the supplemental executive retirement plan during the year ended September 30, 2017 The committee has established a 457(b) deferred compensation plan (deferred compensation plan) for the benefit of certain lemployees. The committee's contributions to the deferred contribution plan were \$396,000 (\$18,000 per participant) for the year ended September 30,

2017 The committee holds assets for the deferred compensation plan of \$2,659,142 as of September 30, 2017 which are included on the balance sheet

as deferred compensation investments

# Software ID: Software Version:

**EIN:** 53-0217164

Name: American Israel Public Affairs Committee

### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

		(B) Breakdown of W-2 and/or 1099-MI (i) (ii) Base Bonus & Compensation incentive compensation		C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits		(F) Compensation in column (B) reported as deferred on prior Form 990
1Howard KohrCEO	(1)	765,894	0	0	266,971	20,023	1,052,888	0
	(11)	0	0	0	0	-0		0
1Richard Fishman Vice CEO and Acting CFO	(1)	708,482	0	0	126,139	29,949	864,570	0
	(11)	0	0	0	0	-		0
2Chrystal Kern Managing Director and CFO	(1)	481,864	0	0	28,525	10,018	520,407	0
	(11)	0	0	0	0			0
<b>3</b> Arne Christenson Managing Dir-Policy & Politics	(1)	578,402	0	0	28,525	29,949	636,876	0
	(11)	0	0	0	0	-		0
<b>4</b> Elliot Brandt Managing Director - Dev	(1)	543,779	0	0	46,525	10,018	600,322	0
	(11)	0	0	0	0	-		0
<b>5</b> Brian Shankman Dir-Regional Affairs & Dev	(1)	493,760	0	0	46,525	29,949	570,234	0
	(11)	0	0	0	0	- 0		0
<b>6</b> Michael Sachs Regional Director - Northeast	(1)	509,599	0	0	46,525	29,949	586,073	0
	(11)	0	0	0	0	- 0		0
<b>7</b> Robert Bassın Dırector - Political Affairs	(1)	452,852	0	0	46,525	29,949	529,326	0
	(11)	0	0	0	0	-		0
<b>8</b> Brad Gordon Dir-Policy & Gov'T Affairs	(1)	421,967	0	0	46,525	20,023	488,515	0
	(11)	0	0	0	0	-		0
9Marvin Feuer Dir-Policy & Gov'T Affairs	(1)	420,017	0	0	46,525	20,023	486,565	0
	(11)	0	0	0	0	- 0	0	0

	C print - DO NO	T PROCESS	As File	d Data -					DL	N: 93	34932	2500	05158	
Schedule L (Form 990 or 990	)-EZ)			with In		d Person	S			0	MB No	1545	-0047	
	'	'Yes" on Form		IV, lines 25. 90-EZ, Part \			or 28	c,			20	11	6	
			<b>▶</b> Attach	to Form 990	or Form 990	)-EZ.					4	<i>,</i> T ,	U	
Department of the Trea	asurv	rmation about		L (Form 990 ww.irs.gov/		and its instr	uctio	ns is	at		Open Insp	to Pu Sectio		
Name of the org	anization blic Affairs Committee						En	nploy	yer ide	ntific	ation n	umb	er	
American israel rui	blic Alfali's Committee						53	-021	7164					
Part I Exce	ss Benefit Tran	sactions (sec	tion 501(c)	(3), section 5	01(c)(4), and	501(c)(29) or	ganıza	tions	only)					
	lete if the organizat					25b, or Form t fied person an			rt V, III escript		(4	1 Corr	rected?	
1 (a	1 (a) Name of disqualified person				ganızatıon	ned person an	"		ansacti			(d) Corrected		
							1				<u> </u>			
											_			
							-							
							<u> </u>							
	mount of tax incurre  mount of tax, if any	, ,				_ ,				\$				
Con	ans to and/or F nplete if the organiz orted an amount on	zation answered	"Yes" on F	orm 990-EZ,	Part V, line 38	3a, or Form 99	0, Par	t IV,	line 26	i, or ıf	the org	janiza	tıon	
(a) Name of interested person	(b) Relationship	(c) Purpose	(d) Loan t		(e)Original principal amount	<b>(f)</b> Balance due	(g) defa		Appro boar	d or		i)Writ ireem		
			То	From	-		Yes	No	Yes	No No	Yes	Yes No		
(1) BRIAN SHANKMAN	DIRECTOR REGIONAL AFFAIRS & DEVELOPMENT	PURCHASE Property	10	X	100,000	25,324		No	103	No	Yes			
											$\vdash$			
Total .	•			<b>•</b>	<u> </u>	25,324								
Part IIII Gra	nts or Assistan	ce Benefitin	Interes	ted Person	s.									
	nplete if the orga													
	rested person  <b>(b)</b>	Relationship be	I .	(c) Amount of	fassistance	<b>(d)</b> Type o	f assi	stanc	e	<b>(e)</b> Pu	rpose o	of assi	stance	
	inte	rested person a organization												
Com (a) Name of Inter	inte													
	inte													
	inte													

	organization			rever	ues?
				Yes	No
(1) interface travel	board member	529,497	travel services		No
(2) cordish power plant ltd partners	board member	163,604	office space rental		No

**Explanation** 

Schedule I (Form 990 or 990-FZ) 2016

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Supplemental Information

Part V

efil	e GRAPHIC pr	int - DO NOT PR	ROCESS	As Filed Data -			DLN: 9	349322	5005	158
	IEDULE M			loncash Contri	hutions		_ (	OMB No 1	.545-0	047
(For	m 990)	►Complete if the		ons answered "Yes" on Fo		9 or 30	).	20	16	)
		► Attach to Form	990.							
	tment of the Treasury al Revenue Service	▶Information abo	out Schedu	lle M (Form 990) and its i	nstructions is at <u>www.ir</u>	s.gov/f	form <b>990</b>	Open to		
	e of the organizat					Emplo	yer identif	ication n	umbei	-
Ameri	can Israel Public Affa	airs Committee				53-021	7164			
Pa	rt I Types	of Property				-				
		. ,	(a) Check ıf applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		Method o	(d) of determination a		s
1	Art—Works of art	•			1g	+				
2	Art—Historical tr					+				
3	Art—Fractional in									
4	Books and public	ations								
5	Clothing and hou	isehold								
_	goods					+				
6 7	Cars and other v Boats and planes					+				
8	Intellectual prope		X	1	100,00	n FMV				
9	Securities—Public	•		_	100,00	1				
10	Securities—Close	•								
11	Securities—Partr or trust interest									
12	Securities—Misce	ellaneous								
13	Qualified conserve contribution—Histructures •	istoric								
14	Qualified conserv									
15	contribution—Of Real estate—Res					+				
16	Real estate—Res					+				
17	Real estate Oth					+				
18	Collectibles .									
19	Food inventory									
20	Drugs and medic	al supplies .								
21	Taxidermy .									
	Historical artifact									
	Scientific specim					+				
	Archeological art	ifacts	X	1	75,00	O FMV				
CAR	Other ► ( PET )		^	<u> </u>	/5,00	OFMV				
26	Other ▶ (	)								
27	Other ▶ (									
	Other ► (					<del> </del>				
29				ation during the tax year for 3, Part IV, Donee Acknowled		29				3
20-	Dusing the	did the engine to	n kansara I	. contribution and acceptance	concerted in Dank T. Lines of Al		10 +b-+		Yes	No
30a				y contribution any property r	•	-	•			
	it must hold for	at least three years	from the da	ate of the initial contribution	, and which is not required	to be u	sed			
	for exempt purp	ooses for the entire h	nolding peri	od?				30a		No
b	If "Yes," describ	e the arrangement i	ın Part II							
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the reviev	v of any non-standard cont	ribution	s?	31	Yes	
32a	Does the organi contributions?		ird parties	or related organizations to so	olicit, process, or sell nonce	ash • •		32a		No
	If "Yes," describ									
33	_	•	amount in	column (c) for a type of pro	perty for which column (a)	ıs check	ked,			
	describe in Part									
For P	anerwork Reduction	on Act Notice, see the	• Instruction	is for Form 990.	Cat No 512271		Schedu	le M (Form	9901	20161

Schedule M (Form 990) (2016)								
Part II Supplemental Info								
Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part								
	I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete							
this part for any add	itional information.							
Return Reference	Explanation							
	Schedule M (Form 990) (2016)							

efile GRAPH	DLN	: 93493225005158								
SCHEDUL	I .	• •			Form 990 or 990-EZ					
(Form 990 or 990- EZ)  Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information.  ► Attach to Form 990 or 990-EZ.  ► Information about Schedule O (Form 990 or 990-EZ) and its instructions						2016				
Department of the T	Open to Public Inspection									
Internal Revenue & e Name of the org American Israel Pu		ommittee			' '	tification number				
990 Schedule	e O, Supp	olemental Informatio	n		53-0217164					
Return Reference	Explanation									
FORM 990, PART VI, SECTION B, LINE 11	1		,	DIRECTOR OF FINANCE, CFC CTORS PRIOR TO FILING WITH		COMMITT				

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	1 EACH DIRECTOR, OFFICER, AND EMPLOYEE OF AIPAC (HEREAFTER "KEY PERSON") IN A POSITION TO INFLUENCE OR TO VOTE UPON ANY POLICY OR BUSINESS OF AIPAC SHALL EXERCISE GOOD FAITH IN AL L TRANSACTIONS RELATING TO AIPAC, AND SHALL NOT USE HIS OR HER POSITION OR KNOWLEDGE GAINE D THEREFROM, DIRECTLY OR INDIRECTLY, TO PERMIT A CONFLICT OF INTEREST TO ARISE BETWEEN THE INTERESTS OF AIPAC AND THE PERSONAL AND/OR BUSINESS INTERESTS OF ANY KEY PERSON, INCLUDIN G THOSE OF IMMEDIATE FAMILY MEMBERS OF SUCH KEY PERSONS 2 PRIOR TO THE AUTHORIZATION AND DISCUSSION OF ANY POLICY OR BUSINESS TO BE ADOPTED OR CONDUCTED BY AIPAC, SHOULD ANY KEY PERSON, INCLUDING THOSE OF IMMEDIATE FAMILY MEMBERS OF KEY PERSONS, HAVE ANY ACTUAL OR POT ENTIAL CONFLICT OF INTEREST BETWEEN AIPAC AND THE POLICY OR BUSINESS TO BE CONSIDERED, SUC H KEY PERSON SHALL DISCLOSE SUCH RELATIONSHIP OR INTEREST TO THE BOARD OR BOARD COMMITTEE ACTING ON THE POLICY OR BUSINESS TO BE AUTHORIZED HOWEVER, SHOULD THE POLICY OR BUSINESS TO BE AUTHORIZED HOWEVER, SHOULD THE POLICY OR BUSINESS TO BE ADOPTED OR CONDUCTED BY AIPAC INVOICE ANY OFFER FOR THE PURCHASE OF GOODS OR SERVICE S, IN WHICH ANY KEY PERSON OR ANY LAY LEADER OF AIPAC, HAS A PERSONAL RELATIONSHIP OR OTHE RINTEREST, SUCH POLICY OR BUSINESS MATTER SHALL FIRST BE REFERRED TO THE MANAGEMENT COMMITTEE FOR REVIEW AND RECOMMENDATION TO THE BOARD 3 UPON DISCLOSURE OF SUCH RELATIONSHIP I NTEREST AND/OR RECOMMENDATION OF THE MANAGEMENT COMMITTEE FOLLOWING REVIEW, THE KEY PERSON MAKING SUCH DISCLOSURE SHALL NOT PARTICIPATE IN ANY OF THE DISCLOSURE OF ANY SUCH MEETING SH AUTHORIZATION OF THE POLICY OR BUSINESS IN WHICH THE INTEREST OR RELATIONSHIP HAS BEEN DISCLO SED, NOR SHALL SUCH KEY PERSON BE PERMITTED TO COUNT IN DETERMINING THE EXISTENCE OF A QUO RUM OR OTHER WISE VOTE IN THE MATTER BEING DISCUSSED 4 THE MINUTES OF ANY SUCH MEETING SH ALL REFLICATION AND VOTING OF THE KEY PERSON WHO HAS MADE THE REQUIRED DISCLOSURE 5 THIS C ONFILED TO HIS PROVIDED A COPY OF THIS POLICY UPON COMMENCEMENT OF HIS OR HER POSITION AS

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 15A

Return Explanation

FORM 990,	FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UP
PART VI,	ON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D)
SECTION C,	
LINE 19	

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. INTEREST RATE SWAP \$474,234 PART XI, LINE 9. CHANGES IN NET ASSETS

Return Explanation Reference

INCICIONOC	
FORM 990,	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEP
PART XII,	ENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEA
LINE 2C	RS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

DLN: 93493225005158 OMB No 1545-0047

Open to Public Inspection

(Form 990)

Department of the Treasury

Internal Revenue Service

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** American Israel Public Affairs Committee 53-0217164 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) 251 MASSACHUSETTS AVENUE LLC LEASING DC 4,334,326 38,238,088 AIPAC 251 H STREET NW WASHINGTON, DC 20001 20-4721352 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)
Name, address, and EIN of related organization (b) (d) (f) (c) (e) (g) Legal domicile (state Exempt Code section Direct controlling Section 512(b) Primary activity Public charity status or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) AMERICAN ISRAEL EDUCATION FOUNDATION EDUC/INFO DC 501(C)(3) LINE 7 AIPAC Yes 251 H STREET NW WASHINGTON, DC 20001 52-1623781 (2)aipac-aief israel ra SUPPORT US-IS IS Yes 38 KEREN HAYESOD N/A **JERUSALEM** IS

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50135Y

Schedule R (Form 990) 2016

4.3		(b)	1 , 1	4.15	1 4	1 40	1 .			1 ()	1 4	., 1	
(a)  Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income		(H Disprop alloca	rtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	ral or aging ner?	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
											$\vdash$		
		1	1		1		1		1				
Identification of Related Organizat because it had one or more related org						zation ansv	vered "Yes	" on Fo	orm 99	90, Part IV	, line	34	
		a corporation	(c) egal micile or foreign	st during th	(d) controlling Typentity (C co	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	(1	1) ntage	Se (1	(I) ection 512 3) control entity?
because it had one or more related org (a)  Name, address, and EIN of	ganizations treated as	a corporation	on or trus (c) egal micile	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	<ol><li>control</li></ol>
because it had one or more related org (a)  Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a)  Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a)  Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a)  Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?

Sale of assets to related organization(s).

(1)AMERICAN ISRAEL EDUCATION FOUNDATION

(2) AMERICAN ISRAEL EDUCATION FOUNDATION

(4)AMERICAN ISRAEL EDUCATION FOUNDATION

(6) AMERICAN ISRAEL EDUCATION FOUNDATION

(3)AIPAC-AIEF ISRAEL RA

(5)AIPAC-AIEF ISRAEL RA

Purchase of assets from related organization(s).

Lease of facilities, equipment, or other assets to related organization(s) . . . . . . . . . . . . .

Reimbursement paid by related organization(s) for expenses . . .

Name of related organization

No No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

1f

1g

1h

1j

11

1m

1n Yes Yes

1p **1**q Yes

1r Yes

1s

Schedule R (Form 990) 2016

Method of determining amount involved

Yes

Page 3

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	T		_
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		

1c 1d 1e

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

Р

R

(b)

Transaction type (a-s)

(c) Amount involved

12,543,553

10,000,000

1,610,104

34,436,623

20.338

245,166

CASH

CASH

CASH

CASH

CASH

CASH

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		Are all partners Sha section to		Are all partners section 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		<b>(k)</b> Percentage ownership
			514)	Yes	No	<u> </u>	<u> </u>	Yes	No		Yes	No			
										Schedul	e R (Form	1 990	D) 2016		

Schedule R (Form 990) 2016 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2016

#### **Additional Data**

AIPAC-AIEF ISRAEL RA

AMERICAN ISRAEL EDUCATION FOUNDATION

(4)

(5)

Software ID:							
Software Version:							
EIN:	53-0217164						
Name:	American Israel Public Affairs (	Committee					
Form 990, Schedule R, Part V - Transactions With Related Organizations							
(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved			
(1) AMERICAN ISRAEL EDUCATION FOUNDATION		С	12,543,553	CASH			
(1) AMERICAN ISRAEL EDUCATION FOUNDATION		Е	10,000,000	CASH			
(2) AIPAC-AIEF ISRAEL RA		Р	1,610,104	CASH			
(3) AMERICAN ISRAEL EDUCATION FOUNDATION		Q	34,436,623	CASH			

CASH

CASH

20,338

245,166

R

(2)	AIPAC-AIEF ISRAEL RA	Р	1,610,104	CASH
(3)	AMERICAN ISRAEL EDUCATION FOUNDATION	Q	34,436,623	CASH